

*To consider*

## Chief Executive's Report

### Issue

- 1 This report sets out progress on our strategic aims and significant changes in our external environment since Council last met:
  - Section one: outlines developments in our external environment.
  - Section two: reports on progress on our strategy.

### Recommendation

- 2 Council is asked to consider the Chief Executive's report.

# Chief Executive's Report

## Introduction

- 3** As the end of year approaches we can reflect on a busy and productive year. The external environment has seen the publication of the report of the Public Inquiry into the Mid Staffordshire NHS Foundation Trust which may well mark a seminal moment in the history of healthcare in this country. Its implications are far reaching even if, in some ways, it reinforced the direction in which we were already heading. Its recommendations underlined the need for us and other regulators to adopt a more engaged approach with all our key interests, develop better systems for sharing of information and intelligence and recognise that we have a limited but key role to play in working with others to help make sure healthcare is safe across the UK. Key interventions such as our National Training Survey have been recognised as important tools in assessing and tackling patient safety issues.
- 4** We have also agreed to the Secretary of State's request to look at our guidance on candour. We already require doctors to be honest and open with their patients and to report patient safety concerns, but we will work with the Nursing and Midwifery Council and other regulators to see if we can agree common wording.
- 5** The period when the senior echelons of the NHS in England were consumed by the ramifications of impending reorganisation has passed and now everyone is trying to make the new system work. For us, this has meant forging new relationships with commissioners and employers, patient representatives and various important new national bodies such as NHS England, a reconfigured Department of Health (England) and Health Education England. We are confident that we can build on this.
- 6** We have continued our close engagement in Scotland, Wales and Northern Ireland. Effective regulation requires us to understand differences and distinctions and we have now set up UK Advisory Forums in each country to engage with key figures on a regular basis. In its statement on independence the Scottish Government has indicated that if there were a 'yes' vote, an independent Scotland would wish to continue with UK wide professional health regulation.
- 7** Throughout the year we have become ever more conscious that healthcare everywhere is under considerable and growing pressure. This is bound to have an effect on doctors at the front line of clinical care, including those in training. It will inevitably also affect many aspects of our work. This was reflected in our latest edition of *The state of medical education and practice in the UK report*, published on 16 October 2013, in which we have begun to analyse and interrogate our data in new ways to establish a fuller picture both of training and practice in the UK.

- 8 Our first year of revalidation has gone well — these are early days and there is still much to do to improve local clinical governance arrangements and appraisal rates but anecdotal evidence suggests that there has been a major push to tighten procedures and that Responsible Officers are taking their role seriously. Over time we are confident revalidation can make a significant contribution towards safer healthcare systems across the UK.
- 9 On 29 October 2013 the independent *Shape of Training Review* was published, which marks an important milestone in medical education and we have committed to work with others to take forward its recommendations. The report has been well received, but like others, we recognise that the biggest challenge will be for all those involved to devise and agree a robust implementation plan.
- 10 After a period of stability at the top of the organisation, we are sorry to be losing our Deputy Chief Executive and Chief Operating Officer, Paul Philip, who takes over as Chief Executive of the Solicitors Regulation Authority after serving the GMC with great distinction for twelve years. The same is true of Ben Jones, Director of Strategy and Communication, who is moving to PricewaterhouseCoopers. He has played a key role in making the GMC more outward facing in the last few years. I will be making announcements soon about the revised arrangements for the senior management team.

## Section one — Developments in our external environment

### *Strategic risks and issues*

#### Department of Health full response to the report of the Public Inquiry into Mid Staffordshire NHS Foundation Trust

- 11 The Department of Health (England) published its full response to the Francis Report on 19 November 2013. Its response also considers the recommendations of the reports commissioned by the Government following the publication of that report<sup>1</sup>. There are a number of actions that we need to take forward including:
  - a Working with other regulators to agree consistent approaches to candour and reporting errors, including a common responsibility across the professionals to be candid with patients when a mistake occurs whether serious or not.

<sup>1</sup> *Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England, The Cavendish Review: An Independent Review into healthcare Assistants and Support Workers in the NHS and Social Care Settings, A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England, A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture, Challenging Bureaucracy* and the report of the Children and Young People's Health Outcomes Forum.

- b** Issue new guidance to make it clear professionals' responsibility to report 'near misses' for errors that could have led to death or serious injury, as well as actual harm, at the earliest opportunity.
  - c** Review professional codes of conduct to bring them into line with this new guidance.
  - d** Review guidance to panels taking decisions on professional misconduct to ensure they take proper account of whether or not professionals have raised concerns promptly.
- 12** The Professional Standards Authority (PSA) has been asked by the Department to advise and report on progress. We are currently developing plans to address these actions either by commissioning new work or incorporating them into existing work programmes.
- 13** Additionally, in the response the Government sets out its intention that every patient in hospital will have a named consultant responsible for their care while in hospital. The Academy of Medical Royal Colleges is leading this work and the Chair and I attended the initial high-level meeting on 25 September 2013. The Academy has now established a working group to consider the issue in detail and we are engaging with this group. The Government has also committed to introducing a named accountable clinician for patients receiving care outside hospital, starting with older people. Alongside this we have undertaken to consider what additional accountability means for senior doctors in terms of our standards.
- 14** We have published our updated response to the Francis Report on 18 October 2013. We have addressed each recommendation that related to us as well as those in the Berwick and Keogh Reviews. Our position was reflected in the Department's response at the relevant recommendations.

### Legislative reform

- 15** The Department's response to the Francis Report includes a commitment that the Government will continue to support the Law Commission as it prepares a draft Bill to reform the legal framework underpinning professional regulation. This and other signals from the Department give us some confidence that the Bill will be included in the next Queen's Speech.
- 16** The Department's consultation on changes to the Medical Act to enable us to require EEA applicants to provide evidence of their English language capability will have concluded by the time that Council meets. The Department has indicated that the change in legislation is likely to come into force at the end of May 2014. We are on track to introduce the changes as soon as the legislation allows.

## Report of the Leadership Alliance for the Care of Dying People

- 17** Following Lady Neuberger's review of the Liverpool Care Pathway, we joined an alliance of organisations, chaired by NHS England, to consider how to take forward the review's recommendations. A major theme has been to ensure that the recommendations fit with other initiatives, such as the single accountable clinician. The final meeting of the Alliance was on 21 November 2013 and we expect the report setting out the actions that each member of the Alliance will take (including the GMC) to be published early next year. I am due to meet the chair of the Alliance Dr Bee Wee on 2 December 2013.
- 18** We are contributing to a similar initiative in Scotland - the Scottish Living and Dying Well National Advisory Group - by commenting on their draft interim guidance, *Caring for people in the last days and hours of life*. This is intended to replace the Liverpool Care Pathway in Scotland.

## Review of the Membership of the Royal College of General Practitioners examination

- 19** The independent report into the Membership of the Royal College of General Practitioners (MRCGP) examination by Professor Aneez Esmail, which we commissioned, was published on 26 September 2013. It found that while there are significant differences in pass rates between different groups of doctors, notably International Medical Graduates and, to a lesser extent, black and minority ethnic (BME) UK doctors, the way they are assessed in the Clinical Skills Assessment (CSA) is not the cause of those differences.
- 20** Professor Esmail found that the pass rates for doctors sitting the computer marked applied knowledge test mirrored their performance in the CSA exam. The report draws a clear conclusion: 'the method of assessment is not a reason for the differential outcomes' in the pass rates. We are grateful to Professor Esmail for his careful consideration of the evidence and thoughtful recommendations. We have constantly stressed that there is nothing to be complacent about in this report and that we wish to work closely and constructively with all those involved in this area. Our aim is to do everything we can to improve and maintain high standards and make sure doctors have the support they need to develop their skills and provide high quality care. Patients, employers and doctors must be confident that the exams doctors sit to become a GP in the UK are fair, robust and meet the high standards we have set.

## Oversubscription of the Foundation Year 1

- 21** Discussions about potential solutions to the oversubscription of the Foundation Year 1 (F1) year have been ongoing. One solution that has been proposed is to move the point of full registration to the point of graduation from medical school, an idea supported in the report of the *Shape of Training* review. The main benefit, according to its proponents would be to create clearer governance

arrangements for the F1 year, which is currently shared between the medical school and the postgraduate dean. Medical schools argue that with over 40% of students undertaking their F1 year in a different location it is difficult for them to exercise their oversight responsibilities.

- 22** Our position continues to be that we have no objection to a move in principle, but that any debate must be considered with patient safety as the first and overriding priority. There are a number of complexities that need to be explored including whether and how the undergraduate curriculum would need to be adapted, the status of the UK's four-year graduate entry programmes under European law, the potential patient safety and fitness to practise implications, and the timing of any legislation given that the Law Commission draft Bill is expected in the spring of 2014. We will continue to engage with all interested parties.

#### Other Government or Parliamentary activity which may impact on our work

- 23** The Department of Health (England) review of the quality assurance of secondary care locums is expected to be published in the New Year.
- 24** The Revalidation Support Team, now based at NHS England, has published the latest Organisational Readiness Self-Assessment (ORSA) report. The report, which reflects the position as at the end of March 2013, found that 95.1% of doctors in England are now connected to an organisation which is ready for revalidation. However it also noted that employers needed to do more to ensure that all consultants and staff and associate grade specialists in the acute hospital sector are receiving annual appraisals as these rates remain low (75.1% and 60.7% respectively) compared to the primary care and mental health sectors.
- 25** The Care Quality Commission (CQC) has reported on its consultation on changes to the way it regulates, inspects and monitors care services. Major themes in the report include support for five key questions that CQC has proposed as part of its inspection regime although there were a range of views regarding the frequency of inspection and the need for both 'fundamentals of care' and 'expected standards'. Steve Field, former Chair of the Royal College of General Practitioners, has also been appointed as CQC's Chief Inspector of Primary Care.

#### *Key engagements*

- 26** Council will be aware that I used the opportunity of attending the International Association of Medical Regulatory Authorities (IAMRA) Management Committee Retreat, my speech to the International Physician Assessment Coalition conference in New Zealand, and the Revalidation Symposium in Washington DC in October 2013, to visit other healthcare systems to explore different

regulatory models. I met with representatives from the medical regulatory bodies, Ministers, officials and academics.

- 27** This was an extremely useful exercise in the context of the proposed Law Commission Bill aimed at rationalising the legislation for the regulation of healthcare professionals in the UK. I will be reflecting on my findings with colleagues and members of Council as we take that work forward.
- 28** The Chair and I, with His Honour Judge David Pearl, the Chair of the MPTS, and Una Lane, Director of Registration and Revalidation, will be appearing for our annual accountability hearing before the Parliamentary Health Committee on 10 December 2013.
- 29** I met with Sally Davies, the Chief Medical Officer (England), on 18 November 2013 to discuss a number of issues including the oversubscription of the Foundation Year 1 and the report of the *Shape of Training Review*.
- 30** I met with Mark Porter, Chair of BMA Council, on 19 November 2013 and discussed the publication of the Department of Health (England)'s full response to the Francis Report, the *Shape of Training Review* report, revalidation and other matters.
- 31** On 27 November 2013, I attended the Scottish Government Health Department's Regulation Conference and chaired two panel sessions on professionalism in the light of the Francis Report and other reviews and inquiries.
- 32** At the time of writing, I am also due to meet David Behan, Chief Executive of the CQC, and Mike Richards, Chief Inspector of Hospitals at the CQC, to continue the discussions we have been holding about joint working and how we share data.
- 33** Paul Buckley, Director of Education and Standards, appeared before the House of Lords Inquiry into the Mental Capacity Act 2005 on 29 October 2013. The questions focussed on our role in undergraduate and postgraduate education and training as well as our standards work.

*Other points of interest in the external environment*

- 34** The GP contract negotiations have now concluded. The key points in the new contract which includes (in line with the commitment in the Department's full response to the Francis Report) that every patient aged 75 and older will be assigned a named accountable GP to ensure coordinate care.
- 35** We have submitted a response to the Scottish Government's consultation on the Adult Support and Protection (Scotland) Act Code of Practice.

## Section two — Progress on our strategy

### *Strategy and Policy Board*

- 36** The Strategy and Policy Board met on 21 November 2013 and:
- a** Approved the Research Implementation Plan for 2014–2017 including the high level research programme to support the delivery of the Corporate Strategy 2014–17 and its priorities.
  - b** Approved the report of the Strategy and Policy Board to Council.

### *Progress against our corporate priorities*

- 37** We have published two narrative reports arising from this year's National Training Survey about patient safety and bullying and undermining. 5.2% of respondents raised a concern about patient safety in 2013 (a small increase on 2012). A further 11.1% of respondents said that they had raised a concern however it had already been addressed. It is encouraging that two-thirds of concerns reported through the survey are already known to the system. However we recognise that there is more to be done to ensure that all doctors in training are able to raise concerns appropriately at the local level and have them addressed. The bullying and undermining report found that 13.2% of respondents said that they had been bullied or harassed in their posts. 26.5% said they had been undermined by a senior colleague. This remains a matter of concern. We are planning a programme of targeted check visits to follow up on specific areas of particular concern and we will need to continue to work with doctors and employers.
- 38** We have been continuing to work towards publishing verified education concerns, taking account of feedback from key interests about how the data might be presented and the level of detail involved. We intend to test the system with key interests in the New Year before full publication early in the spring.
- 39** On 12 December 2013, we will host our conference in Manchester on *Medical Professionalism — whose job is it anyway?* We are anticipating approximately 400 participants and are hoping that we will be joined by the Secretary of State for Health.
- 40** Work is continuing to develop memoranda of understanding with the systems regulators in Northern Ireland, Scotland and Wales based on the joint operational protocol that we have developed with the CQC in England. This work should be complete early next year.

## Supporting information

- The Department of Health (England)'s full response to the report of the Public Inquiry into Mid Staffordshire NHS Foundation Trust:  
<https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response>
- The report of the Review of the Liverpool Care Pathway:  
<https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients>
- Report of the Independent Review of the MRCGP Examination:  
[http://www.gmc-uk.org/MRCGP\\_Final\\_Report\\_18th\\_September\\_2013.pdf\\_53516840.pdf](http://www.gmc-uk.org/MRCGP_Final_Report_18th_September_2013.pdf_53516840.pdf)
- The Organisational Readiness Self Assessment report for 2012–2013 report  
[http://www.revalidationsupport.nhs.uk/about\\_the\\_rst/rst\\_projects/Implementation-Support/ORSA2012-13report.php](http://www.revalidationsupport.nhs.uk/about_the_rst/rst_projects/Implementation-Support/ORSA2012-13report.php)
- CQC response to its consultation on changes to the way it inspects health and social care:  
[http://www.cqc.org.uk/sites/default/files/media/documents/cqc\\_newstartresponse\\_2013\\_14\\_tagged\\_sent\\_to\\_web.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/cqc_newstartresponse_2013_14_tagged_sent_to_web.pdf)
- Transcript of Paul Buckley's appearance before the House of Lords Inquiry into the Mental Capacity Act 2005:  
<http://www.parliament.uk/documents/Mental-Capacity-Act-2005/ucMCA291013ev10.pdf>
- Details of the outcome of the GP contract negotiations:  
<http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/GMSContractChanges/Pages/GMS-Background.aspx>
- Final report of the Shape of Training Review:  
<http://www.shapeoftraining.co.uk/1739.asp>
- *The State of Medical Education and Practice in UK 2013*:  
<http://www.gmc-uk.org/publications/23435.asp>

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